



485 Twelve Bridges Drive, Lincoln, CA 95648

Volunteer Position Title: Shelving Volunteer

Position Overview and Impact:

Our shelving volunteers are an essential part of our Library team, and help to keep the library running smoothly in its daily function. We're looking for serious, hard-working individuals willing to help us out in providing the library's essential services to our community.

Responsibilities:

- Re-shelve materials in the correct location according to the Dewey Decimal System in a timely fashion, so they can be found and used by our patrons.

Skills/Requirements:

- The ability to work independently.
- Must be comfortable with alphabetic and numerical ordering.
- The ability to stand for long periods of time, push carts full of materials, and lift at least 25 pounds.
- Strong organizational skills, and attention to details.
- To be aware and observant of shelving conventions, in order to notice misshelved and mislabeled items.
- Clear a Live Scan (fingerprinting/background check) if over 18 years old.
- Be reliable and punctual in order to fulfill the volunteer commitment.

Training and Support:

The library staff takes great pride in its ability to maintain its services for all of our patrons and community and supports all volunteers in their efforts. Our volunteer coordinator conducts a group training session once a month for new volunteers which features instruction, practice, and tests on application of new skills and library protocol.

Time Commitment:

- Able to make a regular commitment of at least 2 hours a week of service.

New volunteers are accepted on an as needed basis.

Responsible to: Volunteer Coordinator – Phyllis Brown

Contact Person: Phyllis Brown

916-215-9261

Live Scan Date _____

Training Date _____



VOLUNTEER APPLICATION

PERSONAL

Name _____ Email _____

Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____

Male/Female _____ Age _____ Birthdate _____

Emergency Contact _____ Phone Number _____

EDUCATION, INTERESTS & SKILLS

Highest Completed Education:

In High School ☐ High School ☐ College ☐ Other _____

Please list any skills or abilities _____

Why are you interested in volunteering? Please check

Personal Interest ☐ Community Service ☐ Employer Supported Volunteering ☐

Other _____

SIGNATURE

If you have read and understood the responsibilities on the previous page, then please sign below:

Your Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

If under 18, Parent/Guardian signature required.

Please fill out and return to the Library. If your skills and abilities match our current volunteer vacancies, you will be contacted. Thank you for your interest.

**CITY OF LINCOLN
VOLUNTEER WAIVER AND ACKNOWLEDGMENT**

My name is _____

I am: (*Check one*) ☐ Over the age of 18.

☐ Under the age of 18 (parent or legal guardian must sign form).

I am: (*check one*) ☐ Not currently employed by the City of Lincoln in any capacity.

☐ Currently employed by the City of Lincoln as a _____, but will not be performing the same type of services as a volunteer.

I agree to volunteer for the City of Lincoln through the City of Lincoln Volunteer Center in the _____ Department.

By my initials below, I acknowledge that I have read and understood each item.

(*Initials*)

_____ I may be eligible for Workers' Compensation benefits in the event of injury in the course of performing my volunteer duties, but will not under any circumstances receive any other type of compensation for any injuries from the City of Lincoln that may occur during the course of volunteering.

_____ I will be performing hours of service as a volunteer for the City of Lincoln and/or the Lincoln Volunteer Center for civic, charitable, or humanitarian reasons.

_____ I will be performing services as a volunteer without promise, expectation, or receipt of compensation (in any form) for services rendered.

_____ I understand that I can be relieved of my duties as a volunteer at any time and for any reason and that I have no rights to continue my volunteer status.

_____ In the event I am relieved of my duties, I understand that I am not eligible to invoke the appeal or grievance process that may be available to City of Lincoln employees.

_____ I understand that I am not eligible for and will not participate in any benefits (including medical insurance, retirement, life insurance, etc.) provided to City of Lincoln employees.

_____ I understand that I am not a member of any bargaining unit and do not have any rights under any Memorandum of Understanding.

_____ I authorize the City of Lincoln Public Information Officer or anyone else authorized by the City of Manager to use, reproduce, or publish any and all photographs or videotapes of me, which may be taken during my participation in a volunteer event, for any purpose, without compensation to me.

This Release is entered into this _____ day of _____, 20_____

Print name (Volunteer)

Signature

If under 18, name of Parent/Guardian

Signature



STATE OF CALIFORNIA
BCII 8016
(orig 4/01, rev 6/09)

REQUEST FOR LIVE SCAN SERVICE

BY APPOINTMENT ONLY
Lincoln Police Department
770 Seventh Street, Lincoln
RETURN COPY TO LIBRARY

Applicant Submission

| | | | |
|---|-----------|--|---------------------------------|
| ORI: <u>A2595</u> | | Type of Application: <u>VOLUNTEER -SL</u> | |
| Code assigned by DOJ | | | |
| Job Title or Type of License, Certification or Permit: <u>VOLUNTEER-SL</u> | | | |
| Agency Address Set Contributing Agency: | | | |
| <u>Lincoln Volunteer Center</u> | | <u>05141</u> | |
| Agency authorized to receive criminal history information | | Mail Code (five-digit code assigned by DOJ) | |
| <u>P.O. Box 1295</u> | | <u>Bob Romness</u> | |
| Street No. Street or PO Box | | Contact Name (Mandatory for all school submissions) | |
| <u>Lincoln</u> | <u>CA</u> | <u>95648</u> | <u>(916) 645-6254</u> |
| City | State | Zip Code | Contact Telephone No. |
| | | | |
| Name of Applicant: (Please print) | | First MI | |
| Last | | | |
| Alias: Last First | | Driver's License No: _____ | |
| Date of Birth: _____ Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female | | Misc. No. BIL - <u>145483</u> | |
| | | Agency Billing Number | |
| Height: _____ Weight: _____ | | Misc. Number: <u>n/a</u> | |
| | | Home Address: _____ | |
| Eye Color: _____ Hair Color: _____ | | Street No. Street or PO Box | |
| Place of Birth: _____ | | City, State and Zip Code | |
| Social Security Number: _____ | | | |
| | | | |
| Your Number: <u>n/a</u> | | Level of Service: <input checked="" type="checkbox"/> DOJ <input type="checkbox"/> FBI | |
| OCA No. (Agency Identifying No.) | | | |
| If resubmission, list Original ATI Number: <u>n/a</u> | | | |
| | | | |
| Employer: (Additional response for agencies specified by statute) | | | |
| <u>n/a</u> | | | |
| Employer Name | | | |
| <u>n/a</u> | | <u>n/a</u> | |
| Street No. Street or PO Box | | Mail Code (five digit code assigned by DOJ) | |
| <u>n/a</u> | | <u>(n/a)</u> | |
| City | State | Zip Code | Agency Telephone No. (optional) |
| | | | |
| Live Scan Transaction Completed By: _____ | | | |
| | | Name of Operator | Date |
| | | | |
| Transmitting Agency | | ATI No. | Amount Collected/Billed |

ORIGINAL – Live Scan Operator; SECOND COPY – Applicant; THIRD COPY (if needed) – Requesting Agency